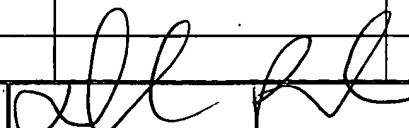


Substitute for form 1449/PTO (Revised 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known		
				Application Number		
				Filing Date	Concurrently herewith	
				First Named Inventor	Koch et al.	
				Group Art Unit		
Examiner Name						
Sheet 1 of 1	Attorney Docket Number 030563/269897					
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Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear	
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*Abstract Only						
						
Examiner Signature				Date Considered	R-2-2006	

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. #4620491v1